

**APPLICATION TO HOLD A SPECIAL EVENT  
HIGHWAY TRAFFIC BY-LAW 2633/TR/19**



**Applicant Information**

Individual       Corporation       Organization       Partnership       Sole Proprietorship

Applicant / Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

On-site Contact Name: \_\_\_\_\_ On-site Contact Number: \_\_\_\_\_

**Details of Request**

Type of Event: \_\_\_\_\_

Event Period:      Date(s): \_\_\_\_\_ to \_\_\_\_\_

Time(s): \_\_\_\_\_ to \_\_\_\_\_

Requested Area: \_\_\_\_\_

Anticipated Number of Attendees: \_\_\_\_\_

Do you require a road closure?       Yes       No

If yes, when do you require the road to be closed?      Time(s): \_\_\_\_\_ to \_\_\_\_\_

**Other Requirements**

A map of your proposed event area must be attached to your application. All applications should be completed and received by the **Town of Inuvik Municipal Enforcement Department THIRTY (30) DAYS PRIOR** to the event taking place.

A copy of your insurance policy and safety plan must be attached to this application or it will not be considered.

I have read the guidelines pertaining to Special Events and understand that failing to follow these guidelines may result in the cancellation of the event.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Date approved/denied/modified: \_\_\_\_\_

Event Authorized by: \_\_\_\_\_       Approved       Denied       Modified Approval  
(list conditions below)

Conditions (if any): \_\_\_\_\_